

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) / HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION

I. IDENTIFICATION

- A. **CLINICAL DESCRIPTION:** Acquired immunodeficiency syndrome (AIDS) is a severe, life-threatening condition that was first recognized as a distinct syndrome in 1981. AIDS represents the late stage of infection with the human immunodeficiency virus (HIV) most often resulting in progressive deterioration of the immune system and development of opportunistic diseases and/or malignancies. Most people infected with HIV develop detectable antibodies within 1 - 3 months after infection but may remain free of signs or symptoms for several months to years. The severity of HIV-related illness is, in general, directly related to the degree of immune dysfunction.

The case definition for AIDS was most recently revised in 1993 to add pulmonary tuberculosis, recurrent pneumonia and invasive cervical cancer to the list of 23 opportunistic diseases that are AIDS defining in HIV -infected persons. In addition, the 1993 case definition included all HIV -infected persons with a CD4+ T-lymphocyte cell count of $<200/\mu\text{L}$ or a CD4+ T-lymphocyte percentage of $<14\%$, regardless of clinical status, as AIDS cases.

B. REPORTING CRITERIA:

- **AIDS:** Clinical diagnosis that meets the definitions of AIDS established in the “Adult HIV/AIDS Confidential Case Report Form” or the “Pediatric HIV/AIDS Confidential Case Report Form”.
- **HIV:** (a) **All positive test results for HIV infection including:** Elisa, Western Blot, PCR, HIV antigen or HIV culture; (b) **CD4+ assays** including absolute CD4+ cell counts and CD4+%; and (c) **HIV detectable Viral Load Assays.**

C. CASE DEFINITION: (Effective 1/1/93).

CDC has expanded the acquired immunodeficiency syndrome (AIDS) surveillance case definition to include all human immunodeficiency virus (HIV) -infected adolescents and adults aged greater than or equal to 13 years who have either a) less than 200 CD4+ T-lymphocytes/uL; b) a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14%; or c) any of the following three clinical conditions: pulmonary tuberculosis, recurrent pneumonia, or invasive cervical cancer. The expanded definition retains the 23 clinical conditions in the AIDS surveillance case definition published in 1987.

The AIDS surveillance case definition for children aged less than 13 years has not changed and retains the clinical conditions listed in the AIDS surveillance case definition published in 1987.

However, definitions for HIV encephalopathy, HIV wasting syndrome, and HIV infection in children have been revised and the 1987 definition has been updated.

II. ACTIONS REQUIRED / PREVENTION MEASURES

A. KENTUCKY HIV/AIDS DISEASE SURVEILLANCE REQUIRES:

Kentucky state regulation 902 KAR 2:020 Section 7 requires all AIDS cases and positive, validated HIV antibody test results be reported to the Department for Public Health **within 5 days of diagnosis**. These cases are reportable only to the HIV/AIDS Surveillance Coordinator and HIV/AIDS Surveillance Technician. HIV/AIDS cases should **NOT** be reported to the local health department.

B. EPIDEMIOLOGY REPORTS REQUESTED:

Use the same report forms for both HIV and AIDS.

1. Adult HIV/AIDS Confidential Case Report – CDC 50.42A
(Patients 13 years of age at time of diagnosis).
2. Pediatric HIV/AIDS Confidential Case Report – CDC 50.42B
(Patients < 13 years of age at time of diagnosis).

C. REPORTING PROCEDURE:

1. When reporting by telephone, cases are to be reported **ONLY** to the HIV/AIDS Surveillance Technician or HIV/AIDS Surveillance Coordinator. Information should **NOT** be offered to the receptionist or any other personnel in the HIV/AIDS Branch office. **The HIV/AIDS surveillance staff prefers reporting by telephone.**
2. When reporting by mail, patient identifying information must be mailed separately from HIV/AIDS-related case data. The information shall be mailed using double envelope packages, with both envelopes stamped “**Confidential, to Be opened by Addressee Only**”, and addressed to the HIV/AIDS Surveillance Coordinator or Surveillance Technician.
3. **Case providers should not fax cases nor should they leave case information on any answering machine.**

D. CONFIDENTIALITY:

The HIV/AIDS surveillance program follows strict confidentiality guidelines. The program security policy can be obtained from the HIV/AIDS office at: 502-564-6539.

III. CONTACTS FOR CONSULTATION

- A. DIVISION OF EPIDEMIOLOGY AND HEALTH PLANNING, HIV/AIDS PROGRAM:
(All counties except the ones below). 502-564-6539.
- B. LOUISVILLE AREA INCLUDING THE FOLLOWING COUNTIES: 502-574-6574.
BULLITT HENRY
JEFFERSON OLDHAM
SHELBY SPENCER
TRIMBLE

IV. RELATED REFERENCES

1. Chin, James, ed. ACQUIRED IMMUNODEFICIENCY SYNDROME. In: Control of Communicable Diseases Manual. 17TH ed. Washington, DC: American Public Health Association, 2000:1-9.
2. CDC. Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome; Appendix: Revised Surveillance Case Definition for HIV Infection. MMWR 1999; 48 (No. RR-13).
3. CDC. 1993 Revised classification system for HIV infection and expanded surveillance case definition for AIDS among adolescents and adults. MMWR 1992; 41 (No. RR-17).
4. CDC. 1994 Revised classification system for human immunodeficiency virus infection in children less than 13 years of age. MMWR 1994; 43 (No. RR-12).
5. What You Should Know About HIV/AIDS
6. HIV/AIDS Handout
7. Post Exposure Prophylaxis Guidelines